

Information About You

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1. Are you registered to vote right now? Yes No Don't know
2. Have you voted before? Yes No
3. When was the last election you voted in? _____
4. The last time you voted, what did you use to vote?
 Lever machine
 Absentee / Vote by Mail
 Punch card
 Touch screen
 Optical scan (filling in a bubble or joining the ends of an arrow)
 I don't remember
5. What is your age? _____
6. What is your zip code? _____
7. Which of these best describes your race or ethnicity:
 American Indian or Alaska Native
 Asian
 Black or African-American
 Hispanic/Latino
 Native Hawaiian or other Pacific Islander
 White
 Other
8. Are you:
 Female
 Male
9. Do you have physical limitations, such as:
 Yes No Blindness, deafness, or a severe vision or hearing impairment
 Yes No A condition that substantially limits one or more physical activities, such as walking, climbing stairs, reaching, lifting, or carrying?
10. Do you have difficulty doing any of the following?
 Yes No Learning, remembering, or concentrating?
 Yes No Dressing, bathing, or getting around inside the home?
 Yes No Going outside the home alone to shop or visit a doctor's office?
 Yes No Working at a job or business?